

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

MONTHLY

NAME Domsea Broodstock - Black River  
ADDRESS 10420 173rd Avenue SW  
Rochester, WA 98579-9544

WA0040819			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Net Settleable Solids	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					0.1	n/a	mg/L	N/A	2/30	Grab
Total Suspended Solids	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					5.0	15.0	mg/L	N/A	2/30	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE		DATE			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

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Facility Name/Location if different)

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DISCHARGE MONITORING REPORT (DMR)

MONTHLY

NAME Domsea Broodstock - Black River

ADDRESS 10420 173rd Avenue SW  
Rochester, WA 98579-9544

<b>WA0040819</b>			<b>002</b>				
<b>PERMIT NUMBER</b>			<b>DISCHARGE NUMBER</b>				
<b>MONITORING PERIOD</b>							
<b>FROM</b>	<b>YEAR</b>	<b>MO</b>	<b>DAY</b>	<b>TO</b>	<b>YEAR</b>	<b>MO</b>	<b>DAY</b>
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Net Settleable Solids	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						0.1	n/a	mg/L	0	2/30	Grab
Total Suspended Solids	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						5.0	15.0	mg/L	0	2/30	Grab
Chlorine, Residual	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						19	19	µg/L	0	2/30	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				TELEPHONE			DATE			
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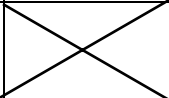
DISCHARGE MONITORING REPORT (DMR)

Monthly

WA0040819	001 & 002 Total Parameters
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
			TO			

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Flow	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT		Report	MGD				n/a	01/30	Recorded
5-day Biochemical Oxygen Demand (May 1 – Sept. 30 only)	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT		210	lbs/day				0	01/30	Grab
5-day Biochemical Oxygen Demand (May 1 – Sept. 30 only)	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT						Report	mg/L	n/a	01/30
Ammonia (May 1 – Sept. 30 only)	PERMIT REQUIREMENT									
	PERMIT REQUIREMENT		84	lbs/day				0	01/30	Grab
Ammonia (May 1 – Sept. 30 only)	PERMIT REQUIREMENT									
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/30
Total Phosphorus (May 1 – Sept. 30 only)	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT		16	lbs/day				0	01/30	Grab
Total Phosphorus (May 1 – Sept. 30 only)	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT						Report	mg/L	n/a	01/30
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